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Bib Data Sheet

CONFIRMATION NO. 9585

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/826,690 | <b>FILING OR 371(c)<br/>DATE</b><br>04/19/2004<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1618 | <b>ATTORNEY<br/>DOCKET NO.</b><br>022290.0116C1US |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/492,129 07/19/2004 \* (\*)Data provided by applicant is not consistent with PTO records. *OK AS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 01/12999 10/09/2001 *AS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/25/2004**

|  |                                       |                                |                               |                                    |  |
|--|---------------------------------------|--------------------------------|-------------------------------|------------------------------------|--|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>FRANCE | <b>SHEETS<br/>DRAWING</b><br>2 | <b>TOTAL<br/>CLAIMS</b><br>24 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |  |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                                       |                                |                               |                                    |  |
| Verified and Acknowledged <i>Allowance</i>   | Examiner's Signature <i>AS</i>        | Initials <i>AS</i>             |                               |                                    |  |

**ADDRESS**  
32042

**TITLE**  
Microparticulate oral galenical form for the delayed and controlled release of pharmaceutical active principles

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1316 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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